PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

M-12040 US

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			24				Г	RATE	FEE	 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 Y minus 20=		• 4			X\$ 9=	·	OR	X\$18=	72
INDEPENDENT CLAIMS			4 minus 3 =		* 1			X40=		OR	X80=	80
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT		•		Ī	+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	"0" in column 2		L	TOTAL		OR	TOTAL	862
CLAIMS AS AMENDED - PART II										,	OTHER THAN	
		(Column 1)	(Column 2			(Column 3)	Column 3) SMALL EN			OR .	SMALL E	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T 01 4114	=		X40=		OR	X80=	
*	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=	
7	(Column 1) (Column 2) (Column 3)							TOTAL		OR	TOTAL ADDIT. FEE	
								DDIT. FEE			ADDIT. 1 LE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
W	Independent	•	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						! ├	+135=			+270=	
			ø				L	TOTAL	"	OR	TOTAL	
										OR	ADDIT. FEE	
	F	(Column 1) CLAIMS	I STORY AND STORY OF		mn 2) HEST	(Column 3)	ı _			1		
ENT C		REMAINING AFTER AMENDMENT		NUN PREVI	MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		X40=		OR	X80=	
<u> Ľ</u>	FIRST PRESE	ENTATION OF M	ULTIPLE DEPENDEN		IT CLAIM	VI						
	If the entry in eat	ımp 1 is loss than t	the entry in sel-	ımn 2 ivri	ta "O" in co	olumo 3		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Indepen	dent) is the	e highest numbe	er four	nd in the ap	propriate bo	x in co	olumn 1.	